| | | | ~ | | | | | | _ | | |
|-----------------------------|--------------------------------------------------------------------------|-----------------------------------|-----------------|---------------------------------------------|--------------------|------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------|------------------------|
| | PATENT AF | PPLICATION Effecti | N FEE DETE | ERMINAT | TON RECO | RD | Apr | olication of the second of the | r Doc | ket Numb 1765 | |
| CLAIMS AS FILED - PART I | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| то | TAL CLAIMS | | 29 | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILE | D NUM | NUMBER EXTRA | | BASIC FEE | 370.00 | OR | ASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | 29 minus | 20= * | • 9 | | X\$ 9= | | OR | X\$18= | 162 |
| INDEPENDENT CLAIMS | | | 5 minus 3 = * 2 | | 2 | X42= | | | OR | X84= | 168 |
| MU | LTIPLE DEPEND | ENT CLAIM PR | RESENT | SENT | | | +140= | | OR | +280= | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 1070 |
| CLAIMS AS AMENDED - PART II | | | | | | 1 | OTHER THAN SMALL ENTITY | | | | |
| AMENDMENT.A | 100 101 | (Column 1) CLAIMS REMAINING AFTER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT |] [| RATE | ADDI- TIONAL FEE | · | RATE | ADDI- TIONAL FEE |
| DME | Total | * / | Minus + | 29 | = / | 7 [| X\$ 9= | fer | OR | X\$18= | <i> -</i> |
| FEN | Independent | . 3 | | 5 | = / |] | X42= | 7 | OR | X84= | |
| Z | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | ال | +140= | / | OR | +280= | |
| | | | | | | | TOTAL | / | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | | (Column 2 | (Column | | ADDIT. FEE | | _ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | S |
| NDMENT B | | CLAIMS REMAINING AFTER AMENOMENT | | HIGHEST NUMBER PREVIOUSI PAID FOR | PRESENT Y EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| PAR | Total | * | Minus | ** | = . | | X\$ 9= | · | OR | X\$18= | |
| AMEN | Independent | * | Minus | ·· | = | | X42= | | OR | X84= | |
| L | FIRST PRESE | NTATION OF N | NULTIPLE DEPE | NDENT CL | AIM | | +140= | | OR | +280= | |
| | | | | | | | TOTAL | | OR | TOTA | |
| ' | | (Column 1) | | (Column | 2) (Column | 3) | ADDIT. FEE | | | ADDII.1 G | |
| 10 15 | | CLAIMS REMAINING AFTER | | HIGHEST NUMBER PREVIOUS PAID FOR | PRÈSEN | m | RATE | ADDI- TIONAL FEE | - | RATE | ADDI- TIONAL FEE |
| ENDMENT C | Total | AMENDMENT | Minus | ** . | = . | | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | *** | = | | Y42- | 1 | ٦,, | X84= | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+140=

+280=

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.